

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael R. Hejtmanek M.D.

Mailing Address 2222 40th St.

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellingham Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Transaction ID : C3078265

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey L. Hellbusch M.D.Mailing Address 3390 N Campbell Ave Ste 110
P.O. Box 43640

City

Tucson

State

AZ

Zip Code

85719-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Transaction ID : C3074073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sally H. Helton M.D.

Mailing Address 6885 Indian Hill Pl

City

Cincinnati

State

OH

Zip Code

45227-2679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Cincinnati

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Transaction ID : C3074508

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►